

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Patrick J. Sweeney
Title: SPINAL DISC PROSTHESIS SYSTEM
Appl. No.: 10/619,757
Filing Date: 07/15/2003
Examiner: Philogene, Pedro
Art Unit: 3733
Conf. No.: 7389

REPLY TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply in the above-identified application.

Also enclosed:

[X] Declaration Under 37 C.F.R. § 1.131 (2 pages) with Exhibits A-C

(32 pages)

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	27	-	37	=	0	x	\$52.00	=	\$0.00
Independent Claims:	5	-	8	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$390.00 = \$0.00
CLAIMS FEE TOTAL									= \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$0.00

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 26, 2009

By /James D. Borchardt/

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James D. Borchardt
Attorney for Applicant
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